UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Plaintiff(s), MOTION FOR LEAVE TO APPEAR PRO HAC VICE KATE BROWN, et al., Defendant(s). Attorney Regina Lennox requests special admission pro hac vice to the Bar of the United States District Court for the District of Oregon in the above-captioned case for the purposes of representing the following party (or parties): Safari Club International In support of this application, I certify that: 1) I am an active member in good standing with the New York State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism. I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter. (1) PERSONAL DATA:	OREGON FIRE	ARMS FEDERATION, INC., et al.,	Case No.: 2:22-CV-01	1815-IM (lead)
Note that the purposes of representing the following party (or parties): Safari Club International In support of this application, I certify that: 1) I am an active member in good standing with the New York State Bar; and 2) that I have read and am familiar with the Federal Rules of Evidence, the Federal Rules of Civil and Criminal Procedure, the Local Rules of this Court, and this Court's Statement of Professionalism. I understand that my admission to the Bar of the United States District Court for the District of Oregon is solely for the purpose of litigating in the above matter and will be terminated upon the conclusion of the matter.		Plaintiff(s),		
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(1) PERSONAL DATA:	-			
Desire A	(1)		Desire	Δ.
Name: Lennox Regina A (Last Name) (First Name) (MI) (Suffix)				
Agency/firm affiliation: Safari Club International		,	,	(22)
Mailing address: _501 2nd Ave NE				
City: Washington State:DC Zip: 20002		-		Zip: 20002
Phone number: (202) 309-7862 Fax number: (202) 403-2244		•		(000) 100 0011

U.S. District Court – Oregon
[Rev. 11/2019]

Motion for Leave to Appear *Pro Hac Vice*Page 1 of 3

Business e-mail address: rlennox@safariclub.org

(2)	\mathbf{B}	BAR ADMISSION INFORMATION:				
	(a)	State bar admission(s), date(s) of admission, and bar number(s): Georgia, 2006, 653602; New York, 2008, 4645255; D.C., 2020, 1671299				
	(b)	Other federal court admission(s) and date(s) of admission: E.D. Tenn. 2007; S.D.N.Y. 2010; 5th Cir. 2015; D.D.C. 2021; D.C. Cir. 2021; 9th Cir. 2021; Supreme Court 2022				
(3)	Cl	ERTIFICATION OF DISCIPLINARY ACTIONS:				
1		I am not now, nor have I ever been, subject to any disciplinary action by any state or federal bar association or subject to judicial sanctions.				
I		I am now or have been subject to disciplinary action by a state or federal bar association or subject to judicial sanctions. (Attach letter of explanation.)				
(4)	Pu res res an	CERTIFICATION OF PROFESSIONAL LIABILITY INSURANCE: Pursuant to LR 83-3, I have professional liability insurance, or financial responsibility equivalent to liability insurance, that meets the insurance requirements of the Oregon State Bar for attorneys practicing in this District, and that will apply and remain in force for the duration of the case, including any appeal proceedings.				
(5)	I a ma ap	CM/ECF REGISTRATION: I acknowledge that I will become a registered user of the Court's case management and electronic case filing system (CM/ECF) upon approval of this application, and I consent to electronic service pursuant to Fed. R. Civ. P. 5(b)(2)(E) and the Local Rules of the District of Oregon.				
		ttorney Seeking <i>Pro Hac Vice</i> Admission: I have read and understand the R 83-3, and I certify that the above information is true and correct.				
DAT	ГЕD: <u>0</u>	1/10/2023				
		Regina Lennox				
		(Signature)				

U.S. District Court - Oregon [Rev. 11/2019]

REQUIREMENT TO ASSOCIATE WITH LOCAL COUNSEL:

LR 83-3(a)(1) requires applicants for *pro hac vice* admission to associate with local counsel, unless requesting a waiver of the requirement under LR 45-1.

To request a waiver of the requirement following box:	to associate with local cou	nsel under LR 45-	1, check the
☐ I seek admission for the limited Court did not issue. Pursuant to requirement to associate with lo from local counsel with this app	LR 45-1(b), I request a war cal counsel and therefore	aiver of the LR 83	3-3(a)(1)
To associate with local counsel, provide obtain the signature of local counsel.	e the following information	n about local coun	sel, and
Name: McLane	Michael		
(Last Name)	(First Name)	(MI)	(Suffix)
OSB number: 904435			
Agency/firm affiliation: Lynch Murphy	VicLane LLP		
Mailing address: 1000 SW Disk Drive			
City: Bend	State: OR Zi	ip:	97702
Phone number: (541) 383-5857	Fax number:		
Business e-mail address: mmclane@lync	chmurphy.com		
CERTIFICATION OF ASSOCIATE	LOCAL COUNSEL:		
I certify that I am a member in good sta understand the requirements of LR 83-3 number 2:22-CV-01815-IM (lead)			
DATED: 01/11/2023			

(Signature of Local Counsel)

U.S. District Court – Oregon [Rev. 11/2019]